

APPLICATION FOR HOME OPERATING ASSISTANCE PROGRAM



**CITY OF HOUSTON
HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT**

November 2003

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INTRODUCTION:

THE HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT (HCDD) IS COMMITTED TO UPGRADING LOW AND MODERATE INCOME NEIGHBORHOODS THROUGHOUT HOUSTON. ONE STRATEGY IS TO WORK WITH COMMUNITY HOUSING DEVELOPMENT ORGANIZATIONS (CHDOS) TO EXPAND THE AVAILABILITY OF AFFORDABLE HOUSING. CHDOS ARE 501(c)3 NON-PROFIT CORPORATIONS ORGANIZED WITH A GOAL OF PROVIDING SAFE, DECENT AND AFFORDABLE HOUSING TO LOW AND MODERATE INCOME RESIDENTS. IN ADDITION TO FINANCIALLY SUPPORTING PROJECT/DEVELOPMENT HCDD, UNDER CERTAIN CIRCUMSTANCES, WILL ALLOCATE HOME FUNDS FOR OPERATING ASSISTANCE TO THOSE CHDOs WITH ECONOMICALLY FEASIBLE PROJECTS. APPLICANTS FOR OPERATING ASSISTANCE MUST SATISFY ALL OF THE REQUIREMENTS (see page 9). IN PARTICULAR, THE CHDO MUST BE ABLE TO DOCUMENT SITE CONTROL, IN THE CASE OF SINGLE-FAMILY, OVER A MINIMUM OF TEN (10) LOTS. IF ON SCATTERED SITES, THE LOTS MUST BE LOCATED WITHIN A FOUR-BLOCK AREA.

THIS OPEN-ENDED REQUEST FOR PROPOSALS (RFP) ALLOWS ELIGIBLE CHDOS TO SUBMIT AN APPLICATION FOR OPERATING ASSISTANCE. THE MISSION STATEMENT, FUNDING STRATEGY AND REVIEW CRITERIA ARE OUTLINED BELOW.

MISSION STATEMENT:

PROVIDE LIMITED FINANCIAL SUPPORT FOR ONE YEAR OF OPERATION TO THOSE CERTIFIED CHDOS WITH A HOUSING PROJECT DEEMED ECONOMICALLY FEASIBLE. STRENGTHEN AND INCREASE STAFF AND PROGRAM CAPACITY OF COMMUNITY HOUSING DEVELOPMENT ORGANIZATIONS (“CHDOS”) IN ORDER THAT THESE AGENCIES ARE ABLE TO AID IN THE DEVELOPMENT OF A HOME-FUNDED AFFORDABLE HOUSING PROJECT FINANCED IN PART THROUGH THE RFP SINGLE-FAMILY AND MULTI-FAMILY DEVELOPMENT.

FUNDING STRATEGY:

CHDOS APPROVED FOR FUNDING WILL BE EXPECTED TO PROVIDE A FINANCIAL MATCH TO HOME FUNDS ALLOCATED FOR OPERATION. FURTHERMORE, THIS WILL BE A PERFORMANCE-BASED CONTRACT REQUIRING IN ADDITION TO THE SUBMISSION OF MONTHLY REPORTS, FULL QUARTERLY EVALUATIONS OF THE CHDOS OPERATION. IF BY THE END OF THE SECOND QUARTER, THE CHDOS PERFORMANCE IS UNACCEPTABLE, NO ADDITIONAL FUNDING WILL BE DISPERSED UNTIL THE ORGANIZATION HAS DEMONSTRATED THE ABILITY TO PERFORM IN AN ACCEPTABLE MANNER.

HCDD WILL REIMBURSE FUNDS MONTHLY BASED ON THE CHDOS ADHERENCE TO ITS SUBMITTED TIMELINE FOR GETTING THE PROPOSED PROJECT UNDERWAY AND ITS SATISFACTORY EXECUTION OF TASKS (e.g., SECURING AND TRAINING PERSONNEL, OBTAINING A PRINCIPAL PLACE OF BUSINESS, MAINTAINING ALL PERTINENT RECORDS AND DOCUMENTS, ETC.) ASSOCIATED WITH ACHIEVING THE ABOVE “MISSION STATEMENT.”

REVIEW CRITERIA:

CHDOS WILL BE SELECTED FOR FUNDING UNDER THIS RFP THAT CAN, AMONG OTHER THINGS, DEMONSTRATE:

- THEIR PROVEN TRACK RECORD (HISTORY) OF HOUSING PRODUCTION AND/OR NEIGHBORHOOD INVOLVEMENT.**
- THAT BASED ON INFORMATION SUBMITTED, THE PROPOSED PROJECT APPEARS REALISTIC AND THAT A FEASIBLE HOUSING PROJECT PROPOSAL WILL BE FORTHCOMING WITHIN ONE (1) YEAR OF RECEIVING OPERATIONAL ASSISTANCE FROM THE CITY.**

- **THEIR LONG TERM ADMINISTRATIVE AND ORGANIZATIONAL CAPACITY TO SUSTAIN OPERATION AND A STRATEGY TO RAISE THE REQUIRED MATCHING FUNDS FOR THE OPERATING ASSISTANCE GRANT.**
- **THAT THE FUNDING STRATEGY CONTAINS BASIC, CRITICAL ELEMENTS IN THE FORM OF: A TIMETABLE FOR COMPLETING FUND RAISING: A DESCRIPTION OF TASKS AND/OR ACTIVITIES TO BE COMPLETED TOWARDS RAISING THE FUNDS; AND IDENTIFYING THE LEAD PERSON(S) WHO WILL EXECUTE THESE TASKS.**



HOME OPERATING ASSISTANCE PROGRAM

Instructions: Please print or type legibly. Use extra pages if necessary for explanation. Include required documentation and attachments.

Section I. General Information*:

Applicant Name:	
Contact Name:	
Physical Business Address:	
Mailing Address:	
City:	State:
Phone:	Fax:
Have you received City of Houston CHDO certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Organization's History*

Date originally established: / /
Date certified as a CHDO: / /
Operated under other names:
On a separate page detail the organization's: <input type="checkbox"/> Five-year business plan. <input type="checkbox"/> Current list of board members with home address, occupation, employer and a brief biography. <input type="checkbox"/> Current By-laws. <input type="checkbox"/> Current lease agreement as proof of principal place of business.

***Organization must have been in existence for at least one (1) year. In addition, organization must demonstrate a track record of developing housing and/or providing service to the community where it intends to develop the Home-assisted housing.**

Section II. Community Involvement:

Has the organization sponsored and/or participated in a neighborhood improvement project(s)

☐ Yes ☐ No

Describe the organization's role in neighborhood improvement projects, housing activities, supportive services, etc.

Section III. Financial Management:

Does your organization have a written set of policies and procedures that:		
Defines staff qualifications and duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Establish lines of authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outlines separation of authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifies who has access to assets and Sensitive documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organization have a written accounting procedure for approving and recording transactions? (Please submit all supporting documentation.)		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organization maintain a financial accounting system that includes:		
a) A chart of accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) General ledger	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Cash receipts journal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Cash disbursements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) A payroll account journal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Payable and receivable ledgers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Job cost journals (if involved in construction)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your accounting system provide reliable complete and up to date information about sources and uses of all funds?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are trial balances performed on a regular basis? (Please submit all supporting documentation.)		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Include the most recent Financial Audit and/or Audited Financial Statement on the organization.		

Section IV. Project Information:

Do you anticipate submitting an application for a: () Single-family HOME-funded project () Multi-family HOME-funded project	
The Project: <input type="checkbox"/> Rental Housing Assistance Or <input type="checkbox"/> Home-Buyer's Assistance	
Have you submitted this project to DHC for preliminary feasibility analysis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Single-Family Project	
Name of project:	
Address/Location of project:	
Site control: () Owned () Earnest Money () Purchase Option*	
Number of units to be constructed _____ Or Rehabilitated _____	
Multi-Family Project	
Name of project:	
Address/Location of project:	
Site control: () Owned () Earnest Money () Purchase Option*	
Number of existing units _____ Number of units after completion _____ Are any of the units occupied <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many? _____	
Provide a brief description of your proposal: _____ _____ _____	
Attach the following items concerning the project: <ul style="list-style-type: none">• Preliminary project budget• Preliminary sources and uses of funds• Preliminary scope of work outline• Preliminary project proforma• Provide "development plan" (which would include description of proposed site; number of housing units; proposed rents or sales price; construction timetable; and proposed contractor(s).)	

*Submit supporting documentation.

Section V. Budget Summary (HOME Operating Expenses):

AMINISTRATIVE BUDGET SUMMARY (fiscal year)			
Activity	HCDD Request	From Other Source(s)*	TOTALS
Wages	\$	\$	\$
Salaries	\$	\$	\$
Employee Benefits	\$	\$	\$
Taxes	\$	\$	\$
Travel	\$	\$	\$
Rent & Utilities	\$	\$	\$
Insurance	\$	\$	\$
Equipment rental and Maintenance	\$	\$	\$
Communications, Postage and Shipping	\$	\$	\$
Printing and Publication	\$	\$	\$
Supplies	\$	\$	\$
Other Administrative Expenses (explain)	\$	\$	\$
TOTALS	\$	\$	\$

*Identify the source(s) of funds. Indicate whether the funds are projected or have been fully committed to the organization. Include letters of commitment and other supporting documentation where applicable.

Section VI. Certification:

CERTIFICATION

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining financial assistance under the Operating Assistance Grant is true and complete to the best of the applicant's knowledge and belief.

The applicant understands and agrees that if false information is provided in this application the applicant will be disqualified.

The applicant shall not, in the provision of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, family status or disability.

Verification of any of the information contained in this application may be obtained from any sources named herein.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on this _____ day of _____, 20____.

Signature Authority

Title

Section VII. Checklist:

- () Organization has been in existence for at least one (1) year.
- () Organization can demonstrate a track record in providing service to the community where it intends to develop the HOME-assisted housing project.
- () Certified as a Community Housing Development Organization (CHDO).
- () Owns site where project is to be developed (e.g., deed of trust, closing documents, tax bill) or can demonstrate site control (e.g., earnest money contract, "letter of intent" to sell, etc.) where project is to be developed. For single-family housing, project site must encompass a minimum of ten (10) lots. Scattered sites must be within a four-block area.
- () Submits a timeline for development (a "development plan") of an application for HOME-funded project.
- () Board approved resolution in support of the organization's affordable housing project.
- () Current Board Roster at the time the Resolution is adopted.
 - a. Name of board member,
 - b. Home address of board member,
 - c. Occupation of board member, and
 - d. Employer of board member.
- () Submit project information (i.e., project budget, project proforma, etc.)
- () Completed "Scope of Work" for project including timeliness for getting project underway.
- () Evidence of other sources of funding to match HOME funds allocated.
- () Can demonstrate (document) experience in neighborhood improvement activities (e.g., housing, social services, etc.)
- () Proof of occupancy for office space.
- () Completed HCDD Budget Summary form.
- () Submits Letter indicating:
 - a. that the organization will seek HOME funds for the project;
 - b. that the organization will seek pre-development funding from other source(s) or that New Foundations for Neighborhoods or another resource has agreed to provide pre-development or planning assistance for project development.
 - c. The type of technical assistance, if any that the organization has received.
- () Copy of the CHDO's Five Year Business Plan.
- () Copy of most recent financial audit and/or audited financial statement.

MUST SUBMIT ALL REQUESTED INFORMATION.

CHDO OPERATING EXPENSE GRANT PROGRAM

Instructions: Please print or type legibly. Use extra pages if necessary for explanations. Include required documentation and attachments.

Applicant Name:		
Contact Person:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Name/Address/Location of Project for which operating expense is requested:		
Have you received City of Houston CHDO certification? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you anticipate submitting an application for one or both of the following programs?	
<input type="checkbox"/> Rental Housing Assistance Program	<input type="checkbox"/> Home-Buyer's Assistance Loan Program

ADMINISTRATIVE BUDGET SUMMARY (fiscal year)				
Activity	HCDD Request	From Other Sources	Secured	Committed
Wages		\$	\$	\$
Salaries	\$	\$	\$	\$
Employee Benefits	\$	\$	\$	\$
Taxes	\$	\$	\$	\$
Employee Training	\$	\$	\$	\$
Travel	\$	\$	\$	\$
Rent & Utilities	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Equipment Rental & Maintenance	\$	\$	\$	\$
Communications, Postage & Shipping	\$	\$	\$	\$
Printing and Publication	\$	\$	\$	\$
Supplies	\$	\$	\$	\$
Other Administrative Expenses (explain)	\$	\$	\$	\$
Totals	\$	\$	\$	\$

PLEASE ATTACH THE FOLLOWING:

- Verification of other funding sources
- Strategic Five-Year Plan with resolution of support from Board of Directors.